

# INMATE SICK CALL SIGN-UP SHEET

(Formulario y Registro para Atencion Medica de Confinados)

Southwick

To obtain a sick call appointment, personally hand to the Health Services Unit between 6:15 a.m. - 6:45 a.m. Monday - Friday.

(Para obtener una cita de consulta médica, debe de entregar este formulario a la Unidad de Servicios de Salud entre las 6:15 am - 6:45 am Lunes - Viernes)

Name (Nombre) MANCINI, MARIO Register Number (Numero de Registro) 11007-041/K1

Please Circle (Encierre en un circulo): Medical (Medico) or Dental

Fill out this form completely, numbers 1-8. (Debe de llenar este formulario completamente, numeros 1-8.)

1. Work (Trabajo) Unicor 2. Unit (Unidad) K-1 3. Date (Fecha) 6/30/17

4. Complaint (Queja), What is your problem? (Cual es su problema?)

Reaggravated C4, C5 at base of neck (MRI on file 2010), 2016 PA Southwick ORDERED ME TO STOP NSAID use to to liver Scarring. Prolonged use of NSAIDs due to the original C4, C5 injury. HAVE HAD 5-6 Trigger Point injections IN BOP custody last one @ Sandstone in 2015? (outside Clinic) NECK PAIN, Radiates down (R) arm, Ring, small fingers are numb.

**PAIN ASSESSMENT SCALE (Escala de valoracion del dolor)** I have to take

PAIN LEVEL: (Nivel de dolor):	WHAT THE NUMBERS MEAN
	☺ 1 - 2 - 3 - 4 - 5 - 6 - 7 - <u>8</u> - 9 - 10 ☹
1	You feel no pain. (No dolor)
2	You feel very mild pain and are only aware of it when you focus on it.
3-4	The pain is tolerable and can be ignored. You are able to continue normal activities (Doloroso)
5-6	The pain is distressful, causing difficulty carrying out some normal activities.
<u>7-8</u>	The pain is severe, hindering concentration and ability to carry out all but simple activities.
<u>9-10</u>	The pain is disabling, not allowing you to focus on anything but the discomfort. (Dolor intenso)

5. How long have you had this problem? (Durante cuanto tiempo ha tenido este problema?) Days (Dias) \_\_\_\_\_ Months (Meses) \_\_\_\_\_ Years (Anos) 1995

6. Are you on any medication(s) at present? (Esta usted tomando alguna(s) medicinas actualmente?) NO, Just NSAIDS which I Am Not supposed to take.

7. Signature (Firma) Mario Mancini

TO BE FILLED OUT BY TRIAGE PERSONNEL/PARA SER LLENADO POR EL PERSONAL DE TRIAJE:

Notes: \_\_\_\_\_

If diabetic B.S. \_\_\_\_\_ Temp \_\_\_\_\_

P. Bennett  
FNP-C  
FCL Sandstone

6/30/17  
137  
92  
68



USA\_000606

NSAIDS right now, Did not sleep last night. FAST MEDS: NEOPERIDOL, NSAIDS, SLITS OF TORADOL

4/30/17  
No recent injury on body checked  
Pain worsened 2 days ago